

October 10, 2018

Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

RE: Input on Design of Connected Care Pilot Program  
WC Docket. No. 18-213

Dear FCC Commissioners and Staff,

The Community Health Care Association of New York State (CHCANYS) would like to thank the FCC for its leadership in proposing the \$100 million Connected Care Pilot Program to expand access to connected care for low-income patients and veterans who qualify for no-cost care through the VA. The Connected Care Pilot Program is well aligned with New York State's commitment to expand high quality telehealth across the State. We are pleased to submit comments in response to the Notice of Inquiry regarding how the program should be designed.

CHCANYS is New York State's Primary Care Association for federally qualified health centers (FQHCs), also known as community health centers or simply, health centers. CHCANYS operates as an advocate and voice for community health centers across New York State, with over 750 sites serving 2.2 million patients annually. FQHCs are non-profit, community run centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In short, FQHCs are New York City's primary care safety net providers - keeping people well in the community and out of higher cost institutional based settings.

More detail is included in comments submitted by NACHC. CHCANYS supports NACHC's comments.

**Overarching Comments:**

- Community Health Centers (CHCs) are the backbone of the nation's "primary care safety net" for low-income patients, with over 90% of our patients being low income half of whom are enrolled in Medicaid. We appreciate the FCC's recognition of the valuable role that connected care technology can play in expanding access, decreasing costs, and improving health outcomes for low-income patients.
- To best demonstrate the potential impact of connected care, the FCC should work closely with the Centers for Medicare and Medicaid Services (CMS) to pair the CCPP with enhancements in Medicaid and Medicare reimbursement for connected care services.

- CHCANYS is very concerned the CCPP (and/or any future programs with similar goals) may be funded through reductions in the Lifeline program or other vital programs actively improving the telecommunications capabilities of low income Americans. Millions of CHC patients rely on Lifeline to be able to afford phone or Internet access and reducing Lifeline funding to pay for Connected Care could leave millions of our patients without basic telecommunication service.

### **General Use of Funds**

- CHCANYS strongly supports the CCPP's focus on low-income patients and encourages the FCC to ensure decisions about program design maintain this focus.
- CCPP funds should be focused on providing broadband access to low-income patients and equipment to patients and providers – not on broadband access for health care providers.

### **Eligibility Criteria for Health Care Providers**

- Eligibility to apply for CCPP funds should be limited to outpatient providers for which a majority of patients are low-income and/or veterans who qualify for no-cost care, and to organizations that represent such providers. Specifically:
  - “Primary eligibility” – meaning eligibility to apply for and receive CCPP funding directly -- should be limited to outpatient providers, as they are the ones that most consistently manage the types of conditions that are appropriate for connected care.
  - Outpatient providers should be permitted to form consortia with other providers -- including inpatient providers, such as hospitals and rehab facilities – when designing and applying for their CCPP projects. However, the outpatient provider should retain primary responsibility for the project.
  - “Providers who serve predominantly low-income patients” should be defined as those for which the majority of patients are below 200% FPL and/or veterans eligible for free care.
  - Eligibility should be extended to organizations that represent groups of providers who would otherwise be eligible, individually.

### **Eligibility Criteria for Low-Income Subscribers (i.e., patients)**

- Eligible low-income subscribers should: 1) have incomes at or below 200% FPL and/or be veterans eligible for free care, veterans, and 2) be actively participating in connected care.
- Participating health care providers should be permitted to select the specific health conditions or demographic characteristics that they will target.

### Financing and Uses of Equipment

- Participation should not be limited to proposals where the broadband provider will donate the end-user equipment.
- Participating health care providers should be permitted to use their on-site CCPP equipment to provide care to any patient, regardless of whether the patient is a low-income subscriber participating in the CCPP.
- Health care providers should be permitted to determine what type of patient equipment is most appropriate for their care model.
- Equipment that is funded directly or indirectly through the CCPP should be provided to eligible patients for free and/or at a reduced fee based on income.

### Regulatory Barriers to Telemedicine

- Regulatory barriers prevent health care providers – including but not limited to CHCs -- from being reimbursed for telemedicine, creating a significant impediment to the spread of this technology.
- Community Health Centers (CHCs) are further discouraged from engaging in telehealth by the significant uncertainty and burdensome requirements associated with getting their Federal malpractice insurance to cover these services.
- Conflicting state laws create barriers to providing care across state lines.

### Evaluation

- When establishing evaluation parameters, the FCC should keep in mind the limits on the types of data that health care providers can access.
- The FCC should request support from CMS to access Medicaid and Medicare data.

Thank you for your attention to these comments, and CHCANYS looks forward to potentially collaborating with the FCC to implement this important program.

Sincerely,



Rose Duhan  
President and CEO